## EXHIBIT C

			P4.31 Pag	JE-2-01-3
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			?
Name of Debtor	Case Nu	nper		•
USA Commercial Mortgage Company	06-107	25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative experience arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		YOWED MONEY BY A BORROWER
		to your claim Attach copy of		BEING SERVICED BY THE
Name of Creditor and Address   本語   日本   日本   日本   日本   日本   日本   日本	,	statement giving particulars  Check box if you have	OF CLAIM THIS	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT
GUNNING TOBY 7245 BROCKWAY COURT RENO NV 89523		never received any notices from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
112110 117 00020		Check box if this address differs from the address on the	ONE OF THE DEB	ATORS ady filed a proof of claim with the
		envelope sent to you by the		or BMC you do not need to file again
Creditor Telephone Number (773) 624-0575		court	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d  # 6855	lebtor	Check here replace or amer	a previously	filed claim dated 12/6/06
1 BASIS FOR CLAIM		arrier		П. и
Goods sold Personal injury/wrongful death		enefits as defined in 11 U S		Unremitted principal
Services performed Taxes	-	salaries and compensation ( digits of your SS #	fill out below)	Other claims against servicer (not for loan balances)
Money loaned		ompensation for services pe	rformed from	to
	10 15 6	NIDT HOMENT DATE	DTAINED	(date) (date)
2 DATE DEBT WAS INCURRED June, 2005		OURT JUDGMENT, DATE C		no time case filed
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	Dest descri		unt or the claim at ti	te time case filed
UNSECURED NONPRIORITY CLAIM \$ 145 599.93		SECURED CLAIM		. (
Check this box if a) there is no collateral or lien securing your claim or b)	your claım		our claim is secur	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	ur claım ıs	a right of setoff)	colleteral	
UNSECURED PRIORITY CLAIM		Brief description of		<b>1</b> 045
Check this box if you have an unsecured claim, all or part of which is		Real Estate		
entitled to priority	entitled to priority Value of Collatera			Luown
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage a secured claim, if any	nd other charges \$ 2299.	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits town services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		• ( ), (
business whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable par	• .	• (,,====,
		* Amounts are subject to adju with respect to cases comme		
5 TOTAL AMOUNT OF CLAIM \$ 145,599.93 \$ 145,599.93 \$ 145,599.93 (secured) \$ 145,599.93 (priority)				
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL				
DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim				
The original of this completed proof of claim form must be sent	t by mail o	or hand delivered (FAXES )	NOT TON	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006  for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and				
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	,	
BMC Group	BMC Gro	up		March and the second
Attn USACM Claims Docketing Center P O Box 911	1330 Eas	CM Claims Docketing Center t Franklin Avenue	51	FILED JAN 12 2007
El Segundo, CA 90245-0911  DATE / SIGN and print the name and title if any of the		do CA 90245 r other person authorized to file		
this claim (attach copy of power of attorn			,	USA CMC
111010 ( Wylam.	/_	Toby GL	inning	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme	at for up to	5 years or both 18 USC §§	152 AND 3571	1072502155

Case 06-10/25-gwz Doc 86/3		ntered 07/20/11 12:		
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PKC	OF OF CLAIM	VOUD C	AIM IS SCHEDULED AS
A Committee of the Comm			Schedule/Claim II	
Name of Debtor	Case Number		Amount/Classifica	
USA Commercial Mortgage Company	06-107	'25-LBR	\$3 399 78 Unsecu	
			φυ υσο 76 Unsect	512 SECLRED
NOTE See Reverse for List of Debtors and Case Numbers	•		668 30	5- 520012801
This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment	pense of an	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	J. J	filed a proof of claim relating to your claim Attach copy of		cted above constitute your claim as
Name of Creditor and Address		statement giving particulars	scheduled by the D	Debtor or pursuant to a filed claim If amounts set forth herein and have no
113212400	000552	Check box if you have		t the Debtor you do not need to file EXCEPT as stated below
EVERETT H JOHNSTON FAMILY TRUST DATED 1/24/90		never received any notices	'	
C/O EVERETT H JOHNSTON TRUSTEE		from the bankruptcy court or BMC Group in this case	Unliquidated or D	own above are listed as Contingent, Disputed, a proof of claim must be
PO BOX 3605 INCLINE VILLAGE, NV 89450 3605		Check box if this address	filed	and the filed a proof of clause with the
		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ( ) 925 - 200 - 29	77	court	1 ' '	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies		Check here repla	ces	
		If this claim amer		filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation	(fill out below)	Other claims against servicer
Services performed Taxes	Last four	r digits of your SS #		(not for loan balances)
Money loaned United Other (describe briefly)	Unpaid o	compensation for services pe	erformed from	to
	<u> </u>	CHIEF WINDOWS IN THE		(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE One your claim and state the amount		e time case filed
See reverse side for important explanations	Desi uesulii	SECURED CLAIM	an or are ciallit at th	o amo odoo mod
UNSECURED NONPRIORITY CLAIM \$			our claim is secu	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you	your claim	a right of setoff)	our oralli is secu	by conditional (mondaing
entitled to priority	Gaill 13	Brief description of	f collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	e Dother
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collatera		
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family of	or household use 1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L.	Other Specify applicable part * Amounts are subject to adjust		- ' ' '
	-	with respect to cases commer		date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	6683	305 12 s		\$ 668305 12
(unsecured)	,	secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	emized statement	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts court judgments, mortgages, security	<i>uments</i> , su	uch as promissory notes, put	rchase orders, in	voices, itemized statements of
DOCUMENTS If the documents are not available explain. If the				OT SEIND STRIGHTAL
8 DATE-STAMPED COPY To receive an acknowledgment of the	ne filing of y	your claim, enclose a stampe	ed, self addresse	d envelope and copy of this
proof of claim				
The original of this completed proof of claim form must be sel ACCEPTED) so that it is actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships,				JOE OIL
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	)	FILED OCT 09 2006
BMC Group Attn USACM Claims Docketing Center	BMC Gro			
P O Box 911	1330 Eas	st Franklin Avenue	O1	
El Segundo, CA 90245 0911		do, CA 90245		1104 0140
DATE SIGN and print the name and title if any of the title claim (attach copy of power of attorn	nev_if any)		c —	USA CMC
10 6 06	208	185 JOH	NSTON	1072500500

FORM BIO (Onicial Point to) (Toros)	DISTRICT OF AIGUAND	
UNITED STAILS BANKRUPTCY COURT	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor	Case Number	
USA COMMURICAL MORTGAGE COMPANY	06-10725-LBR	
NOTI- This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may	strative expense arising after the commencement y be filed pursuant to 11 USC   503	
	Check box if you are aware that anyone	
Name of Creditor (The person or other entity to whom the debtor owes money or property) FIRST SAUNUS	else has filed a proof of claim relating to	
BANK CUSTO DIAN FOR	your claim Attach copy of statement	
RANDY SANCHEZ IRA	giving particulars  Check box if you have never received any	
Name and address where notices should be sent	notices from the bankruptcy court in this	
RANDY SANCHEZ 5713 N WHITE SANDS RU RENO, NV 8951	Case	
RENDINU 89511	Check box if the address differs from the address on the envelope sent to you by	True Cases & son Corner Hes Com.
Telephone number 775-852-2083	the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here Treplaces  If this claim amends a previously filed	claim dated \$110 lob
identifies debtor	is this claim _ amends a previously filed	Ciaini Galcu 377.
1 Basis for Claim	☐ Retiree benefits as defined in 11	
☐ Goods sold	☐ Wages salaries and compensation  Last four digits of your SS #	on (fill out below)
Services performed	Unpaid compensation for service	es performed
Money loaned Personal mjury/wrongful death		
Taxes SEE EXHIBIT A	fromto_	(date)
Other SEE EXHIBIT 17		
2 Date debt was incurred MARCH 2004	3. If court judgment, date obtained	
4 Classification of Claim. Check the appropriate box or boxes th	nat best describe your claim and state the amount of	f the claim at the time case filed
See reverse side for important explanations	Secured Claim	
Unsecured Nonpriority Claim \$ 347,031.95	Check this box if your claim is:	secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	a right of setoff)	secured by condenia (meloding
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	Brief Description of Collateral	
	Real Estate  Motor Ve	ehicle Other
Unsecured Priority Claim	Value of Collateral \$ UN	KNOWN
☐ Check this box if you have an unsecured claim all or part of ventitled to priority	Amount of arrearage and other charge	es at time case filed included in
Amount entitled to priority \$	secured claim, if any \$_5,120	·· <u>L3</u>
Specify the priority of the claim	☐ Up to \$2 225* of deposits toward purc	hase, lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) of	or services for personal family or house or § 507(a)(7)	sehold use - 11 U S C
(a)(1)(B)	☐ Taxes or penalties owed to government	al units - 11 U.S C § 507(a)(8)
☐ Wages, salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb	tors — Carci - specify appricable paragraph o	
business whichever is earlier - 11 USC § 507(a)(4)	*Amounts are subject to adjustment on 4/1/ with respect to cases commenced on or	
Contributions to an employee benefit plan - 11 U S C. § 507(a	a)(3)	
5 Total Amount of Claim at Time Case Filed	\$347,031.95 347.031.95 (unsecured) (secured) (pr	347,031,95 (Total)
<ul> <li>Check this box if claim includes interest or other charges in ad interest or additional charges</li> </ul>		
6. Credits The amount of all payments on this claim has been		HIS SPACE IS FOR COURT USE ONLY
making this proof of claim	FINE	D JAN 1 2 2007
7 Supporting Documents: Attach copies of supporting docum	ments such as promissory notes, purchase	JAN 1 2 2007
orders invoices itemized statements of running accounts contr agreements and evidence of perfection of lien DO NOT SEI		·π *d9* ξ
documents are not available explain if the documents are volu	•	
8. Date-Stamped Copy To receive an acknowledgment of the f	, and the second	
addressed envelope and copy of this proof of claim		
Date Sign and print the name and title if any, of file this claim (attach copy of power of attach		
1/10/07 Ranchy M Sanches	RANDY M SANCHEZ	1104 0440
(////		USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500,000 a	or impresonment for up to 5 years or both 19115C	1072502217

UNITED STATES BANKAUPTOWCOURT OF 8673	PROOF OF CLAIM				
				AIM IS SCHEDULED AS:	
Name of Debtor:	Case Number:		Schedule/Claim II		
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classifica	ation	
Con Commonda mongage Company	00 .0.		\$1,699.89 Unsect	ured	
NOTE: See Reverse for List of Debtors and Case Numbers.	L		1	2006	
This form should not be used to make a claim for an administrative exp	pense	Check box if you are	1	FILED NOV 0 2 2006	
arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	of an	aware that anyone else has filed a proof of claim relating			
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.	scheduled by the D	cted above constitute your claim as Debtor or pursuant to a filed claim. If	
11321240000541		—	you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file		
EVALYN C TAYLOR SEPARATE PROPERTY		Check box if you have never received any notices		EXCEPT as stated below.	
TRUST DATED 2/17/87		from the bankruptcy court or		own above are listed as Contingent,	
C/O EVALYN C TAYLOR TRUSTEE 1908 ROLLING DUNES CT		BMC Group in this case.	Unliquidated or D	isputed, a proof of claim must be	
LAS VEGAS, NV 89117-6916		Check box if this address differs from the address on the		eady filed a proof of claim with the	
		envelope sent to you by the		or BMC, you do not need to file again.	
Creditor Telephone Number 762 242 - 4389		court.	THIS SPAC	E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor:	Check here repla	ces	. filed plain detect.	
Creditor Number 1047		if this claim amer		filed claim dated:	
1. BASIS FOR CLAIM	Retiree h	penefits as defined in 11 U.S		Unremitted principal	
Goods sold Personal injury/wrongful death				Other claims against servicer	
Services performed Taxes	_	salaries, and compensation ( digits of your SS #:	(iiii out below)	(not for loan balances)	
Money loaned Other (describe briefly)		compensation for services pe	erformed from:	to	
	Oripaid	omperioditor for sorvices pe		(date) (date)	
2. DATE DEBT WAS INCURRED: SEE ATTACHMENTS	3. IF C	OURT JUDGMENT, DATE O	OBTAINED:	(cate)	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	best describ	pe your claim and state the amou	nt of the claim at the	e time case filed.	
See reverse side for important explanations.		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$			our claim is secu	red by collateral (including	
Check this box if: a) there is no collateral or lien securing your claim, or b) y exceeds the value of the property securing it, or if c) none or only part of you		a right of setoff).		, ,	
entitled to priority.  Brief description of collateral:					
UNSECURED PRIORITY CLAIM  Cheek this how if you have an unsecured claim all as not of which is			Motor Vehicle	e 🔲 Other	
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral			
Amount entitled to priority \$					
· · · · · · · · · · · · · · · · · · ·		Amount of arrearage and other charges at time case filed included in secured claim, if any: \$			
Developed a hije at least 4 to 10 0 0 507(-)(4)(4) (-)(4)(9)					
Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7).					
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go	vemmental units - 1	1 U.S.C. § 507(a)(8).	
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable para	agraph of 11 U.S.C.	§ 507(a) ( ).	
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
5. TOTAL AMOUNT OF CLAIM \$ \$	40 63	6.30 \$	ced on or aner the	\$	
· · · · · · _ ·			( priority)	(Total)	
See Attachments (unsecured) Continue Co	gent 17	all life - Line	mized statement	` '	
/-V					
6. CREDITS: The amount of all payments on this claim has been cre					
<ol> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages, security</li> </ol>	<i>uments,</i> su agreemen	icn as promissory notes, pur ts. and evidence of perfectio	cnase orders, in n of lien. DO N	OICES, ITEMIZED STATEMENTS OF CONTROL OF CON	
DOCUMENTS. If the documents are not available, explain. If the	documents	s are voluminous, attach a su	ımmary. 🖋	AHACAMENTS	
8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this					
proof of claim.				self-oddussed	
The original of this completed proof of claim form must be ser				THIS SPACE FOR COURT	
ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and					
governmental units).				USA CMC	
BY MAIL TO: BMC Group	BMC Gro	up	· ./ '	1072500047	
Attn: USACM Claims Docketing Center P. O. Box 911	Attn: USACM Claims Docketing Center V				
El Segundo, CA 90245-0911		do, CA 90245			
DATE SIGN and print the name and title, if any, of the		other person authorized to file		EN EN MOU A O A	
this claim (attach copy of power of attorn	ıey, ıı any): -	& 1 n1		FILED NOV 022	